

ERR=B
GOVERNMENT APPROVING OFFICIAL (AGENCY ACCOUNT) SETUP/MAINTENANCE

NOTE: At an Agency/Organization's option, an Approving Official may be designated.

SECTION I

INSTRUCTIONS

1. To add or change an Approving Official, the Approving Official completes Section II and III, signs in Section IV.
2. The A/OPC signs and dates section V and maintains a copy in their files.
3. Type of request: ☒ New ☐ Change Approving Official Information
(Complete entire form) (Complete Reporting Hierarchy and only the items requiring a change.)
4. If changing an Approving Official, please print the name of the present Approving Official: Hector H. Lowe
5. Fax to (816) 823-3850 or mail to Dept of Commerce Bankcard Center, 1510 E. Bannister Road, Kansas City, MO 64131

SECTION II

APPROVING OFFICIAL INFORMATION (Please Print)

<u>Lowe</u>	<u>Hector</u>	<u>H.</u>
<small>*Last Name of Approving Official (maximum 24 characters)</small>	<small>*First Name</small>	<small>*Middle Initial</small>
<u>Department of Commerce/ITA</u>	<u>Jones</u>	
<small>*Agency/Organization Name (maximum 24 characters)</small>	<small>*Verification Information (MMN)</small>	
<u>14th & Const. Ave., NW</u>	<u>202-482-0001</u>	
<small>*Business Mailing Street Address Line 1 (maximum 36 characters)</small>	<small>*Business Phone</small>	
<u>Room 0002</u>		
<small>*Business Mailing Street Address Line 2 (maximum 36)</small>		
<u>Washington</u>	<u>DC</u>	<u>20230</u>
<small>*City</small>	<small>*State</small>	<small>*Zip Code</small>
<u>Thomas Jones@ita.doc.gov</u>	<u>USA</u>	
<small>Email Address</small>	<small>Country</small>	
<u></u>	<u></u>	
<small>Fax Number</small>	<small>Discretionary Code 1 (maximum 12 characters)</small>	

SECTION III

REPORTING PARAMETERS

*Reporting Hierarchy: 01300 81540 00000 00000 _____

SECTION IV

APPROVING OFFICIAL SIGNATURE (Required for paper submission only.)

Approving Official Name: (printed for Hector H. Lowe)
Approving Official _____ Date _____

SECTION V

AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE (Required for paper submission only.)

Approving Agency/Organization Program Coordinator's Signature _____ Date _____
Lisa M. Brendes/Jean Leslie 202-482-5436 202-482-4066
Full Name (Please Print) Business Phone Fax Number

*Asterisked fields must be completed prior to submission.

CB007 Revised 12141998F

Signature of Program DUS, CFO and DOA, AS, or DAS